

PRISON INDUSTRY AUTHORITY (PIA) WAIVER REQUEST

Use this request form to request a waiver from PIA for all products and/or services produced by PIA.

This form approved and returned to requestors constitutes PIA's written approval and must be maintained in the department's purchasing file documentation as proof of waiver approval.

This justification document consists of two (2) pages. All information must be provided and all questions must be answered. The "Required Approvals" section must include a date for each signature, as appropriate for the transaction.

Requesting Department Information			
Department:* <small>(*Includes Boards, Commissions, and Associations)</small>	Signature Required by either: Agency Secretary, Department Director or designee at level no less than department's Procurement and Contracting Officer (PCO): <small>(Type names. Do not sign. Must be same as signature below. May not be a position less than the Department's PCO)</small>		
Institution (if applicable):			
Department Contact Information			
Contact Name: Telephone: ()	Street Address: 		
FAX: ()	Mailing Address: 		
E-Mail:			
Required Contract Information			
Contractor Name:			
Contractor Address:			
Purchase Order Total \$: \$ _____	Purchase Order #: _____	Quantity for each line item requested: #1 Quantity: _____ #4 Quantity: _____ #2 Quantity: _____ #5 Quantity: _____ #3 Quantity: _____ #6 Quantity: _____	Requested Delivery Date: _____
Provide a brief description of the items requested in this Waiver Request including all goods and/or services the contractor will provide:			
Note: Attach additional information as necessary.			
Required Approvals			
Surplus Property Certification by Department _____ Signature signifies that no surplus property exists or, if available, does not meet the functional use needs of the Department's end user.	Agency Secretary/Department Director or designee or Procurement and Contracting Officer (PCO) <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature/Date <small>(Note: Must be the same as identified above, however may not be a position less than the PCO.)</small>	Prison Industry Authority <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature/Date	

Remit completed form to:

Prison Industry Authority
560 East Natoma Street
Folsom, CA 95630-9940
(916) 358-2733

Complete responses must be provided for all applicable questions:

- 1. Explain why the PIA product or service does not meet the functional need of the end user.**
- 2. Explain how the non-PIA product or service is essential to the fulfillment of the requestor's mission or service to the public.**
- 3. Is this waiver request for a reasonable accommodation? If yes, explain how the PIA product does not meet the functional needs of the end user, and when and where the evaluation took place.**
- 4. Is the reason for this waiver request due to an expedited delivery? If yes, explain why the PIA delivery schedule does not meet the department's needs. Include in the discussion a timeline history of events.**
- 5. Explain if this waiver request is required to meet public health and/or safety needs.**